



FOR OFFICE USE ONLY

Case No. _____

Date Submitted _____

COMPREHENSIVE PLAN AMENDMENT APPLICATION

(Check all applicable) ☐ Land Use Amendment ☐ Thoroughfare Amendment
☐ alignment / location
☐ classification

The following items must be submitted by the established deadline dates for consideration:

- ☐ Two (2) copies of a fully dimensioned map on 24" X 36" paper showing:
 - a. Land affected;
 - b. Present zoning of property and zoning classification of all abutting properties;
 - c. Current land use plan classification and proposed land use plan changes;
 - d. Current land use classification of all abutting property;
 - e. Current and proposed thoroughfare alignments
- ☐ General location and address of property;
- ☐ Total acres of property; and
- ☐ All applicable Comprehensive Plan Amendment Request form(s) completed in full.

The following information must be completed before an application is accepted for review.

APPLICANT INFORMATION:

(if different from owner, a complete affidavit shall be required)

Name: _____ E-mail: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

PROPERTY OWNER'S INFORMATION:

Name: _____ E-mail: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

COMPREHENSIVE PLAN AMENDMENT REQUEST FORM

The following is required if an amendment to the **Land Use Plan** is requested. Based on the nature and extent of the requested amendment, additional studies may be required. Attach additional sheets if necessary.

Current Land Use Plan designation: _____

Requested Land Use Plan designation: _____

Explain the reason for this Land Use Plan amendment: _____

Identify what conditions have changed to warrant a change in the land use plan designation:

How does the requested land use designation further the goals and objectives of the City of College Station Comprehensive Plan? _____

Explain why the requested land use designation is more appropriate than the existing designation. _____

The applicant has prepared this application and certifies that the facts stated herein and exhibits attached hereto are true and correct.

Signature and Title

Date

COMPREHENSIVE PLAN AMENDMENT REQUEST FORM

The following is required if an amendment to the **Thoroughfare Plan** is requested. Based on the nature and extent of the requested amendment, additional studies may be required. Attach additional sheets if necessary.

Current Thoroughfare Plan alignment and classification: _____

Requested Thoroughfare Plan alignment and classification: _____

Explain the reason for this Thoroughfare Plan amendment: _____

Identify what conditions have changed to warrant a change to the alignment and/or classification as shown on the existing thoroughfare plan. _____

How does the requested thoroughfare amendment further the goals and objectives of the City of College Station Comprehensive Plan? _____

Explain why the requested thoroughfare plan change is more appropriate than the existing plan.

Explain differences in the traffic impacts between the existing thoroughfare plan and the requested change to the thoroughfare plan. _____

The applicant has prepared this application and certifies that the facts stated herein and exhibits attached hereto are true and correct.

Signature and Title

Date